

Information Update Request For Fiscal Year (FY) 2003/2004

I. PURPOSE

The purpose of this request for updated information is to **amend** the grants of clinics currently funded by the Indian Health Program (IHP) to add FY 2003/2004 funding for the time period of July 1, 2003 to June 30, 2004. Funding is subject to the final IHP appropriation in the state budget.

II. BACKGROUND

The IHP is authorized by the California Health and Safety Code (H&S Code), Sections 124575 -124595. The goal of the IHP is to improve the health status of American Indians residing in California. This is accomplished through the provision of financial and technical assistance to Indian health programs, studies of the health and health services available to American Indians and their families, and coordination with similar private and governmental programs.

III. FY 2003/2004 AWARD AMOUNTS

Tentative award amounts for FY 2003/2004 are included with this update request. Award amounts are determined through the use of an allocation formula (see Appendix A) developed in accordance with H&S Code, Section 124585.

IV. FY 2003/2004 ADVANCE PAYMENTS

IHP grantees are eligible to receive an advance payment not to exceed 25% of the total award amount per H&S Code 124500.

1. Criteria to be considered in granting advance payments includes: 1) status of FY 2002-03 IHP invoices (must be current); 2) FY 2001-2002 Certified Public Audit submittal; 3) status of FY 2002-03 IHP monthly reports (must be current); current quarterly or monthly financial report.
2. Grantees are required to repay advance payments in full if the grant amendment is not approved.

V. SUMMARY OF DOCUMENTS REQUIRED FOR INFORMATION UPDATE

(Electronic forms are available at the Indian Health Program website:
www.dhs.ca.gov/ihp).

Documents required for completion and submission to be **RECEIVED** no later than the close of business **June 3, 2003** are:

1. Information forms and budget pages.
2. Job descriptions for **all** "Personnel Services line items" proposed for funding by IHP that were not funded in the prior fiscal year (FY 2002-2003).
3. Authorization to Bind Corporation and Invoice Approval Form.
4. If billing under physician(s)/dentist(s) provider number, a copy of the written agreement that any income derived from billing under the physician(s)/dentist(s) provider number is clinic income.
5. Copy of your most recent Federal F-990, State F-199, and CT 2 tax forms or a Request for an Extension for filing (Federal form 2758 and State form 3504). If you are a tribe and exempt from taxation submit a copy of the documents submitted to Federal and State tax offices.
6. Copy of all clinic licenses / certifications for facilities newly and/or renewed licensed or certified from July 2002 to June 2003.
7. Copy of pharmacy permit, if applicable, for facilities newly and/or renewed licensed or certified from July 2002 to June 2003.
8. Copy of CLIA certificate for facilities newly and/or renewed licensed or certified from July 2002 to June 2003.
9. Evidence of liability and medical and dental malpractice insurance.
10. Copy of the most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.

VI. MAILING ADDRESS

An original and one (1) copy of the information update and budget must be received by the close of business **June 3, 2003** at the following address:

**Department of Health Services
Indian Health Program
714 P Street, Room 550
Sacramento, CA 95814**

VII. INSTRUCTIONS FOR COMPLETING THE INFORMATION UPDATE FORMS

INFORMATION FORMS (Pages 9 - 13)

Please complete all items listed on the information forms. **The forms will be returned unprocessed** if the original signatures of the Board Chairperson, Program Administrator, and Fiscal Officer are missing. If any of these positions are currently vacant, the board must authorize in writing an acting individual to perform the functions of the vacant position (please attach copy of authorization). Include the address of the main clinic site and any satellite sites. List all of your current Board members including their address, telephone number, position on the board (Chairperson, Treasurer, member, etc.), tribal affiliation, employer, and information regarding their term dates.

VIII. INSTRUCTIONS FOR COMPLETING BUDGET TABLE

Enter your program name at the top of each table. If necessary, add additional pages by repeating your program (Agency) name, budget table title, and next page number(s) on a blank page.

Round all amounts to whole numbers.

Please be accurate as inaccuracies may result in unnecessary delays. Check budget table for accuracy by:

Adding each line item horizontally.

Adding each source of funds column vertically.

Adding horizontal total column to reach a grand total.

Adding vertical total column to reach a grand total.

(Note: the horizontal and vertical grant totals should agree).

Having another individual check your figures.

Proposed IHP Budget (Line Item Budget), (Pages 14 - 15):

Unreimbursable Expenses: The Department of Health Services does not reimburse several types of expenses; therefore, the following list of expenses cannot be funded in your IHP budget:

-Purchase, renovation, alteration, or improvement of contractor owned or leased property (real estate) or facilities.

-Contract care as defined by Federal Indian Health Services Regulations.

Budget - Personnel Services:

List position title rather than the name of the individual. Please include job descriptions for **all** "Personnel Services line items" proposed for funding by IHP, not funded in FY 2002-2003.

- **Column A:** The "FTE Salary Per Pay Period". Full-time Equivalent or FTE is the rate of pay an individual would earn if their time base was 100%. The figure to be entered in this column can be determined by (a) calculating the annual amount the individual would earn as an FTE, and (b) then by dividing this annual amount by the number of pay periods during the grant period.
- **Column B:** Indicate the "Number of Pay Periods" there will be for the period July 1, 2003 to June 30, 2004, e.g., 12, 24, 26.
- **Column C:** The "Percent of FTE" worked by the individual is based on a 40-hour workweek. This is the total time the individual works at your program regardless of funding source (see below).

<u>Hours Per Week</u>	<u>Percent of FTE</u>	<u>Hours Per Week</u>	<u>Percent of FTE</u>
4	10	24	60
8	20	28	70
12	30	32	80
16	40	36	90
20	50	40	100

- **Column D:** The "Percent Paid by This Grant". Determine the percent of annual salary budgeted that will be paid by this grant.
- **Column E:** The "Amount Requested". Columns A x B x C x D must multiply across and agree with the amount listed in this column (E).
- **Fringe Benefits** – Indicate the percentage of Personnel Costs used to calculate fringe benefits. List fringe benefits (i.e. FICA, SUI, WC). If the "fringe benefit" rate is above 30 percent, please provide justification.

Budget - Operating Expenses:

- **Audit:** Audits carried out pursuant to Health and Safety Code, Sections 38040 and 38041 shall be audits of the grantee, rather than audits of individual grants or programs. Audits shall be in accordance with OMB Circular A-133 "Single Act Audits" for contractor receiving \$300,000 or more of federal dollars. In the case of any contractor that receives less than twenty-five thousand dollars (\$25,000) per year from any state agency, the audit required by these Health and Safety Code sections shall be conducted biennially, unless there is evidence of fraud or other violation of state law in connection with the direct

service contract. The cost of such audit may be included in direct service contracts up to the proportionate amount that the contract represents of the contractor's total revenue (e.g., if total funds are \$1,000,000 of which state funds represents \$100,000, the contractor may budget 1/10 of the \$100,000 amount or \$10,000 in the state budget because \$100,000 is 1/10 of \$1,000,000).

- **Communications:** May include telephone, postage, advertising, and answering service.
- **General Expense:** Purchase of books, magazines, publications, and subscriptions; expendable office supplies; shipping costs; memberships and dues; expendable equipment (less than \$5,000 and/or having a life expectancy of less than one year); equipment maintenance, rental, and repair; installation costs; printing expenses; pre employment physicals.
- **Insurance:** All types/classes of insurance including liability and malpractice.
- **Janitorial/Maintenance Services:** Housekeeping and cleaning services, water cooler, copy machine maintenance (does not include rent), routine minor repairs for electrical, plumbing, or building facilities.
- **Patient Transportation:** Expendable vehicle expenses (gasoline and oil) incidental to the transportation of clinic patients for program-related business. Include patient transportation expenses incurred by outreach workers, public health nurses (PHNs), and/or community health representatives (CHRs) for transporting clinic patients. A vehicle mileage log shall be maintained on file by each staff member to document the date(s) and miles traveled.
- **Rent:** List number of square feet, cost per square foot, cost per month, and percentage of state share.
- **Technical Supplies:** Expendable medical, laboratory, X-ray, pharmaceutical supplies, and expendable equipment (equipment less than \$5,000 and/or a life expectancy of less than one year).
- **Traditional Health / Medicine:** Travel and related costs for use of medicine men and women, doctoring, traditional Indian health gatherings. Educational, cultural sensitization activities for non-Indian/Indian Health personnel.
- **Travel:** Travel and per diem (must be consistent with state travel guidelines on the Internet at <http://sam.dgs.ca.gov> - State Administrative Manual).
- **Utilities:** Electricity, gas, water, sewer, and garbage service.
- **Vehicle Operation and Maintenance:** Minor and major vehicle repair and maintenance, tires, batteries, license fees, and registration.

Budget - Capital Expenditures (Equipment):

Equipment expenses for items with a dollar value of \$5,000 or more and a life expectancy of one year or more. Include the unit cost of each item and the total cost (number of units multiplied by the unit cost). Equipment is subject to state inventory guidelines.

Budget – Other Costs:

- **Consulting and Professional Services:** Grant-related services performed by "independent contractors" as defined by Title 22, Division 2.5, Section 4304.1 (Employment Development Department) who are not employees of the grantee. Fees for audit, administrative, medical, and/or dental consultation or referral services such as laboratory and X-ray. See attached Exhibit C, Provision 10, for subcontract/consultant governing provisions. List each consultant, the rate of dollars per hour, and the subcontract amount.
- **Staff Training and Continuing Education:** May include tuition, registration, and material for continuing education classes, books/periodicals related to employee job duties, or health-related information only. May include expenses related to seminars, meetings, and conferences if related to program activities.

Budget - Indirect Costs:

Expenses incurred for the benefit of the business as a whole and which cannot be readily identified with the activities of a given department/program. Indirect costs must be those identified in the current "Indirect Cost Pool and Rate Computation" exhibit authored by the Office of the Inspector General, United States Department of the Interior or Department of Health and Human Services. **A copy of the "indirect cost" document must be submitted. If utilized, the percent and cost basis must be explicitly specified in the proposed IHP budget.**

IX. FINANCIAL STATEMENT

Submit copy of the most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.

Appendix A

The California Indian Health Program (IHP) Allocation Formula consists of the following factors, which are weighted according to relative importance.

A. **Foundational Criteria (22 %):** The funds provided in this factor are distributed in equal portions to each Indian health grantee if they have a medical, dental, and outreach component providing patient care. To qualify for any IHP funding, a clinic must have at least two of these three components. If any of the three components are not provided, the following percentages are applied as deductions to the equal portion:

Medical: 40% Dental: 30% Community Health Services (Outreach): 30%

B. **Systems Appraisal (46 %):** The Systems Appraisal is the in-depth, on-site program evaluation of the quality of a clinic's medical, dental, community health services (outreach), and board/administrative/fiscal components. The programs are ranked based on their scores in each of these components. Funding levels are based on ranks achieved in each of the four areas noted above.

C. **Grant Objectives (15 %):** This factor assesses how well grantees have met the numerical objectives in their grants (patient visits). Data on grant objectives is taken from the most recently completed state fiscal year. In order to receive credit for an objective, the grantee must meet it by 100%. To calculate funding levels, all qualifying objectives from all clinics are added together. The resulting figure is divided into the amount of dollars that are distributed in this factor.

D. **Population Service Index (15 %):** The count of the number of Indian people served in one calendar year in both the medical and dental programs is taken from the unduplicated patient count from the Monthly Progress Reports submitted by grantees. The per capita dollar amount is calculated based on the statewide total of the Indian patients served in a year in the clinic medical and dental programs and the amount of funds allocated for this factor. A per capita figure is then multiplied by the number of Indians each grantee served in order to arrive at the funds awarded for this factor.

E. **Target Population (2%):** This factor indicates the need for services based on the number of American Indians living in geographical service areas as determined by the U.S. Indian Health Service. Calculation of this factor involves determining a statewide per capita figure and then multiplying this figure by each grantee's target population within their service area.